Alaska Health Care Commission

Meeting Discussion Guide
August 16-17, 2012

End-of-Life Care Learning Session

- Key Note Presentation:
  - **Christine Ritchie, MD, MSPH, FACP**
    UC San Francisco School of Medicine

End-of-Life Care Learning Session

- **Provider Panelists:**
  - **Palliative Care Physician**
    - **Stephen Rust, MD, FACP, FAAHPM,** Director, Palliative Care and Hospice & Palliative Care Fellowship, Providence Alaska Medical Center
  - **Hospice Directors**
    - **Patricia Dooley,** Program Director, Providence Hospice [Medicare certified hospice]
    - **Donna Stephens**, Executive Director, Hospice of Anchorage [volunteer hospice]
  - **Hospital Administrator**
    - **Annie Holt**, CEO, Alaska Regional Hospital
  - **Emergency Medical Services System**
    - **Sue Hecks**, Executive Director, Southern Region EMS Council
  - **Tribal Health System**
    - **Christine DeCourtney**, Cancer Program Planning Manager, Alaska Native Tribal Health Consortium

End-of-Life Care Learning Session

- **Community Panelists:**
  - **Patient/Family**
    - **Virginia Palmer**, President, Foundation for End of Life Care (Juneau)
  - **State Legislator**
    - **Senator Fred Dyson**, Alaska State Senate
  - **Medical Ethicist**
    - **Ann Marie Natali,** Staff Medical Ethicist, Providence Alaska Medical Center
  - **Faith Community**
    - **Rick Benjamin**, Director of Spiritual Wellness, Hope Community Resources

End-of-Life Care: Preliminary FINDINGS

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End-of-Life Care: Preliminary RECOMMENDATIONS

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Commission's 2012 Agenda

- Track Prior-Year Recommendations
  - Apply evidence-based medicine
  - Strengthen primary care
  - Improve trauma system
  - Increase price and quality transparency
  - Pay for value
  - Develop sustainable workforce
  - Develop health information infrastructure
  - Support prevention (obesity, immunizations, and behavioral health)
- Continue study of current system
  - Pharmaceutical costs
  - Behavioral health care
  - Malpractice environment
  - Federal health care reform (track implementation)
- Develop new recommendations
  - Use technology to facilitate access
  - Enhance the employer's role in health and health care
  - Improve quality and choice in end-of-life care
  - Reduce government regulation

Commission's 2012 Schedule & Plans

- **March 8-9 Meeting** *Theme: Regulation* **Location: UAA**
  - Malpractice Reform
  - Insurance Regulation
  - Behavioral Health Care
  - Tracking Prior Year Recommendations & Federal Reform
- **June 14-15 Meeting** *Theme: Access* **Location: Frontier Bldg**
  - Access for Rural Veterans
  - Telehealth *Featured Speaker – Stewart Ferguson, PhD*
  - Tracking Prior Year Recommendations & Federal Reform
- **August 16-17 Meeting** *Theme: Quality* **Location: Providence**
  - End-of-Life Care *Featured Speaker – Christine Ritchie, MD, MSPH*
  - Tracking Prior Year Recommendations & Federal Reform
- **October 11-12 Meeting** *Theme: Cost* **Location: Hilton**
  - The Employer's Role in Health & Health Care *Featured Speaker – John Torinus*
    - *Co-hosted with Commonwealth North*
  - All-Payer Claims Database Feasibility in Alaska
  - Cost of Pharmaceuticals in Alaska
  - Draft 2012 Findings & Recommendations for Public Comment
  - Tracking Prior Year Recommendations & Federal Reform
- **November – Public Comment Period on 2012 Draft Findings & Recommendations**
- **December 10 Meeting** *Theme: Consider Public Comments* **Location: Frontier Bldg**
  - Review Public Comments; Finalize & Approve 2012 Findings & Recommendations

Commission's 2012 Schedule & Plans

- **Contracted Studies** *(contracts awarded July 2012)*
  - Assessing the business case for an All-Payer Claims Database for Alaska
    - Freedman Healthcare, LLC
    - Stakeholder focus groups and interviews week of Sept 17
      - Focus Groups: Payers, Providers, Public Health & Researchers
    - Follow-up phone interviews week of Sept 24
    - Preliminary findings presented to Commission Oct 11
    - Draft report due October 31
    - Final report due November 30
  - Cost comparison of pharmaceutical reimbursement levels between Alaska and neighbor states
    - Milliman, Inc.
    - Draft report due October 1
    - Preliminary findings presented to Commission Oct 11
    - Final report due October 31

Malpractice Reform – Highlights

- Costs associated with medical liability are generally considered to be one driver of health care costs
- Alaska's malpractice environment is relatively stable, supported by:
  - 1997 Alaska Tort Reform Act
  - 2005 Alaska Medical Injury Compensation Reform Act
  - Alaska Civil Rule 82
- Clinicians in two of Alaska's three delivery systems – DoD/VA and Tribal Health System – are covered under the Federal Tort Claims Act
- Alaska's malpractice reforms to-date appear to have made an impact on the cost of medical liability coverage.
  - In 1996 medical professional liability rates for physicians in Alaska were approximately two times those in northern California (considered the "gold standard" in liability reform)
  - Today, in 2012, Alaska's medical liability costs are in line with those in northern California.
- Cost savings associated with defensive medicine practices are more difficult to identify, as there are other contributors to these practices beyond the threat of litigation, e.g., physician training and culture, fee-for-service reimbursement structures, and financing mechanisms that insulate patients from the cost of health care services.

Health Insurance Regulation – Highlights

- Regulation of the private insurance market is a state government function
- State of Alaska insurance laws and regulations apply only to the private insurance market. Excluded are:
  - Public insurance programs (Medicare and Medicaid)
  - Federal and tribal health care delivery systems (DOD, VA, Indian Health Service, Tribal Health System)
  - Self-insured employer plans protected under ERISA
- Only 15% of Alaskans are members of private insurance market health plans regulated by the State of Alaska.

Behavioral Health System – Findings

Challenges:

- Population health concerns
  - Suicide
  - Alcohol & Substance Abuse
  - Depression
- Systems serving different populations (mental health, substance abuse, developmental disabilities, seniors) are not integrated.
- Community/social supports (e.g., housing and employment) are not integrated with service delivery system
- Service gaps, e.g.,
  - Alcohol & substance abuse treatment
  - Short-term crisis care
  - Long-term care for patients with behavioral disorders
  - Early intervention for children
- Workforce shortages
- Anticipated increased demand for services due to the Affordable Care Act
- Data sharing barriers

Behavioral Health System – Findings

Opportunities:

- State integration of mental health and substance abuse programs and regulations
- Integration of behavioral health and primary care; Patient-Centered Medical Homes
- Move towards acuity-based rate setting
- Analysis of delivery system structure and organization
- Telebehavioral health system development
- Health Information Exchange

Telehealth – Preliminary Findings

- Telemedicine is an important mechanism for improving access to and quality of care.

- Alaskan health care providers have been pioneers and global leaders in developing telemedicine solutions to geographical barriers. For example
  - 1925 – The original Iditarod – transport of diphtheria anti-toxin from Anchorage to Nome by dog-sled facilitated by Morse code messages relayed via telegraph lines
  - 1960s – Radio communication between village CHAs and regional clinicians
  - 1970s – White Mountain satellite station
  - 1990s – telemedicine carts, teleradiology
  - 2012 – eICU, telestroke, home monitoring, tele-behavioral health

Telehealth – Preliminary Findings

- **Barriers** exist to expanded development and use of telemedicine technologies
  - Silos exist between health care sectors and between payers – there is not a collaborative approach to identifying barriers and designing solutions.
  - Savings achieved through the use of telemedicine do not always accrue to the providers who must invest in the technological infrastructure.
  - Reimbursement has been restructured somewhat to support funding of "presenting" site providers, but there is evidence these reimbursement opportunities are not fully utilized by providers. Questions remain:
    - Are existing reimbursement mechanisms fully utilized, and if not, why? (e.g., Clinician documentation? Coder training? Other billing issues?)
    - Can new reimbursement mechanisms be justified? Are costs and savings clearly identified and documented?
  - Information technology and telecommunication systems continue to develop rapidly. Are there technological barriers today? Is bandwidth a problem in some rural communities still? Or are there network access problems? Or both?
  - Clinician licensure requirements for out-of-state providers to serve Alaskan patients via telehealth --- is this a barrier? If so, does the patient-protection function outweigh the telehealth needs?

Telehealth – Preliminary Findings

- **Opportunities** exist and new developments are underway to expand development and use of telehealth. For example,
  - Health Information Exchange
    - Direct Secure Messaging
    - Provider Directory under development
  - ConnectAK Program
    - On-going effort to map broadband access and expand high-speed internet capacity statewide

Telehealth – Preliminary Recommendations

1. The State of Alaska should study the costs and benefits of a common centralized network service for facilitating communication, video-consultation, scheduling, etc. between providers (such as the Oklahoma Telebehavioral Health Network)

   - Stewart Ferguson and Paul Cartland are drafting a description of the policy-level technical issues involved with developing such a system for Alaska
     - Will provide to the Commission late September 2012

   - Others would need to study reimbursement, licensure and other policy issues.

Telehealth – Preliminary Recommendations

2. The AHCC recommends the SOA develop pilot telehealth projects to foster collaborative relationships between delivery systems and sectors, and between payers and providers, and to facilitate solutions to current access barriers.
   - Focus on behavioral health and primary care
   - Focus on specific diagnoses and conditions for which clinical improvement, costs and cost savings can be documented
   - Require an evaluation plan and baseline measurements before starting a pilot study
     - Evaluation plan must have measurable objectives and outcomes
     - All pilot study partners must agree on the metrics

Friday a.m.: Recap Discussion

Tracking Prior Year Recommendations:

- Workforce
  - Report from Ward on Status of HB 78 Regulations
- Prevention: Behavioral Health
  - Report from Melissa on BH/PC integration; screening

Tracking Prior Year Recommendations: Sustainable Workforce

- Primary care residency program development:
  - **Pediatrics**
    - New Alaska Primary Care Track – UofW/Seattle Children's Pediatric Residency Program
      - 3-year program; 4 months/year in Alaska (+ 8 mo/yr in Seattle)
      - First class started July 2012 with 4 residents (will be in Alaska March – June)
      - Alaska rotations: ambulatory in 2 practice settings (private and tribal health systems)
        - SCF(Anchorage) & Tanana Valley Clinic (Fairbanks)
        - Children's Hospital at Prov & LaTouche Pediatrics (Anchorage) & YKHC (Bethel)
  - **Family Medicine**
    - Fairbanks – Exploratory phase
      - Fairbanks Memorial Hospital and local medical community conducting feasibility study to determine sustainability of 18 resident program (6 residents/year; 3-year program)
      - Dual MD-DO program in partnership with both WWAMI (MD) and PNWU (DO)
      - Expect decision in 6 months – based on financial sustainability
      - If feasible, anticipate 2015 start date.
    - Mat-Su – Exploratory phase
      - Medical community prepared to implement in partnership with UofW, pending hospital's development of a sustainable financial model
  - **Psychiatry**
    - State financial support requested in 2011 and 2012 not appropriated

2011 Recommendations: Prevention – Behavioral Health

- The Alaska Health Care Commission recommends the State of Alaska support efforts to foster development of patient centered primary care models in Alaska that:
  - Integrate behavioral health services with primary physical health care services in common settings appropriate to the patient population.
  - Assure coordination between primary care and higher level behavioral health services.
  - Include screening for the patient population using evidence-based tools to screen for
    - A history of adverse childhood events
    - Substance abuse
    - Depression

- The Alaska Health Care Commission recommends the State of Alaska develop with input from health care providers new payment methodologies for state-supported behavioral health services to facilitate integration of primary physical health care services with behavioral health care services.

Status Reports:

- Long Term Care Planning
  - Update from Duane Mayes
- Federal Reform – Health Insurance Exchange & Medicaid Expansion
  - Update from Commissioner Streur and Josh Applebee

Commission's Future

- Sunsets June 30, 2014 (subject to extension)
  - Treating 06/30/14 as a transition point
  - CY 2013 Annual Report (due 01/15/14) = "final" product
    - "State Health Plan"
      - Consolidated findings, recommendations, implementation status from 2009 – 2013
      - Suggested Action Plan & Next Steps
      - Align with and provide framework for other health plans
        - Public Health Improvement Plan – Healthy Alaskans 2020
        - State Health Information Technology Plan
        - Etc.

New Vision Statement

By 2025 Alaskans will be the healthiest people in the nation and have access to the highest quality, most affordable health care.

We will know we have attained this vision when, compared to the other 49 states, Alaskans have:

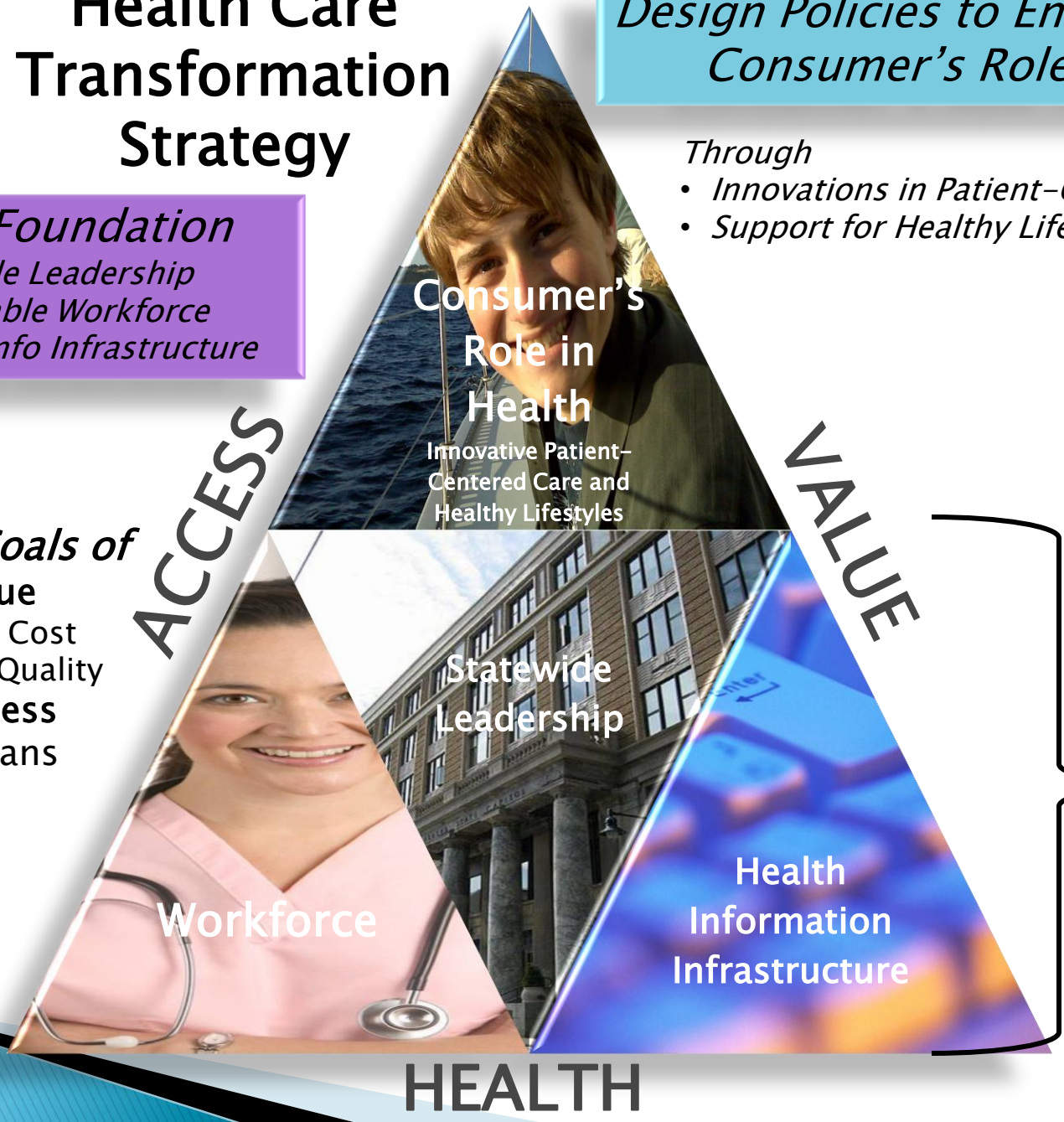
1. The highest life expectancy
2. The highest percentage population with access to primary care
3. The lowest per capita health care spending level

Health Care Transformation Strategy

Design Policies to Enhance the Consumer's Role in Health

Through
- *Innovations in Patient-Centered Care*
- *Support for Healthy Lifestyles*

Build the Foundation
- *Statewide Leadership*
- *Sustainable Workforce*
- *Health Info Infrastructure*



To Achieve Goals of
- Increased **Value**
  - Decreased Cost
  - Increased Quality
- Improved **Access**
- **Healthy** Alaskans